

**Yorktown Victory Center  
2005 4-H Peer Teacher Program  
APPLICATION**

Sponsored by York County 4-H



in cooperation with  
Jamestown-Yorktown Foundation

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please answer all questions yourself and as completely as possible. The more information you provide, the better!

1. Have you ever been a 4-H Peer Teacher? Yes [ ] No [ ] If Yes, # of years:

Program: \_\_\_\_\_

2. Describe your experience working with the public.

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3. What qualities do you have that would make you a good 4-H Peer Teacher?

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4. What experiences have you had in a job, as a volunteer, or with another historic site?  
(Sewing group, fife & drum, 4-H Peer Teaching, etc.)

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5. What leadership positions have you held in club or school activities?

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6. What particular skills, interests, or talents do you have that would relate to this program?  
(Crafts, music, cooking, gardening, storytelling, public speaking, animals, etc.)

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7. What experience have you had in the care of livestock such as chickens, goats, cows,  
etc.?

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8. What public speaking experiences have you had?

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9. Do you enjoy being outdoors? Yes ☐ No ☐  
Does summer heat bother you? Yes ☐ No ☐  
How do you feel about working in costume? \_\_\_\_\_

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10. What particular skills/talents do you hope to develop by being involved in this program?

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11. Have you ever used sharp tools? Yes [ ] No [ ] If yes, please list:

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**References:** Please list 3 adults who know you well and know of your capabilities.  
(Do not list relatives).

NAME	HOME PHONE	WORK PHONE
1.		
2.		
3.		

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application, calendar, 4-H Member Enrollment form, Health History form, and Code of Conduct form to the York County Extension Office. Bring these forms to the Virginia Cooperative Extension Office- York County at 100 County Drive (off Goodwin Neck Rd.) or mail them to:

4-H Peer Teacher Program  
VCE- York County  
P.O. Box 532  
Yorktown, VA 23690-0532

## Calendar

### 2005 4-H Peer Teacher

Name: \_\_\_\_\_

Peer Teachers will volunteer one afternoon per week (12:30-4:30 p.m.) on Monday, Wednesday, or Friday with Saturday as a make-up day.

Please place an **X** on all the days you know you **WILL NOT** be available for the 4-H Peer Teacher Program. Remember to mark vacations, 4-H camp, or other days when you have commitments.

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**Remember ... mark only the days you will not be available.**

	MONDAY	WEDNESDAY	FRIDAY	SATURDAY
<b>JUNE</b>	20	22	24	25
	27	29		
<b>JULY</b>			1	2
	4	6	8	9
	11	13	15	16
	18	20	22	23
	25	27	29	30